	1	<u> </u>
Case 1:07-cv-00798-MF	SENDER: COMPLETE THIS SECTIONED 09/14	2COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature Agent Agent Addressed B. Received by (Printed Name) C. Date of Delivery TITIEN NOUSE G. i.Z. T
	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	Ross Kennedy 101 Executive Park Drive	070v 198
	Dothan, AL 36303	3. Service Type Certified Mail Registered Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7006 2760] 0002 4407 2391
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature **Control of the control of the contr
	Article Addressed to:	If YES, enter delivery address below:
	McDaniel & Associates 101 Executive Park Drive & Dothan, AL 36303	09w 798
	Soundi, AL 30303	3. Service Type Gertified Mall Registered Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7006 276	0 0002 4407 3718
	PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1546